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Substitute for Form PTO-875										
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMBE				R EXTRA	RATE	FEE		RATE	FEE	
	C FEE FR 1.16(a))						s	OR		\$
	AL CLAIMS FR 1.16(c))		minus 20 = *			× \$=		OR	x \$=	
	PENDENT CLAIN FR 1.16(b))	AS .	minus 3 = *			x \$ =		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
Ď	3/10	(Column 1)		(Column 2)	(Column 3)	SMALI	ENTITY	OR		R THAN ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL /FEE
M	Total (37 CFR 1,16(c))		Minus	"2/ <sub>t</sub>	* -Q	× s=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	. 4	Minus	4	= (	x \$=		OR	x \$=	X
₹	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+ \$ =		OR	+ \$=	
	***					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)										,
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	*	Minus	**	=	x s=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.16(b))	*	Minus	***	=	x \$ =	-	OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =		OR	+ \$ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)							_			
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u>%</u>	Total (37 CFR 1.16(c))	•	Minus	**	=	× s=		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	× \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
1	ine Highest N	umber Previously I	raid For (	i otal or independ	ent) is the night	sat number tound	iii iiie appropri	TIC DOX IU (	Joiettiii (.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.